

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>12</i>	<i>32</i>	<i>10/24</i>
FORMALITY REVIEW	<i>CTH</i>	<i>744</i>	<i>11-6-01</i>
RESPONSE FORMALITY REVIEW	<i>LC</i>	<i>1024</i>	<i>3-21-02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

SCWS 703

2057/5
3/11/04
525